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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status See 37 CFR 1.27.	∆ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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Authorized Signature /William B. Anderso	n/ Date October 14, 2010			
Typed or printed name William B. Anderson	Registration No. 41,585			
This collection of information is required by $37.CPR_{\odot}(311)$. The internal napplication, Confidentiality is, governed by $351.S_{\odot}/12.2$ and $37C$ submitting the completed application form to the USPTO. Time will task form addors suggestions for reducing this budden, should be well thus form addors suggestions for reducing this budden, should be well to Box 1450, Alexandria. Virginia 22313-1450. DO NOT SEND FEES (Alexandria. Virginia 22313-1450. DO NOT SEND FEES (Alexandria. Virginia 22313-1450.)	axion is required to obtain or extain a benefit by the public which is to file (and it) this USPTO by process. BR 114 This callection is estimated to table 12 minutes to complete, uncluding albertung, repearing, and early depending upon the individual case. Any comments on the amount of time your require to contribe to the thin the minutest of time. So, Pentrum and Trademark Office: US, Department of Commerce, PO IR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450.			
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APPEN TYPE	SMALL ENTERY	1881 E FEE DATE	PUBLICATION FEE DUE	PREV, PAID ISSUE FEIL	TOTAL PEERS DUE	DATEBUE
nonprevisional	YES	-\$755	50	80	\$755	10/15/2010
EXAMINER		AREUNIU	CLASS-SUBCLASS			
PROCTOR, J	ASON SCOTT	2123	763-012000			
 Change of correspondence address or indication of "Fee Address" (37 CR 1,305). Change of correspondence address for Change of Correspondence Address form PTONSH 220 attached. Fee Address" indication (Fee Address' Indication form PTONSH 28 et 03-02 or more recent) attached. Use of a Customer Number is required. 		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR atternatively. (2) the name of a single firm (having as a member a registered storney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, an aname will be printed.		er a 2	ANDERSON LLE	

FIRST NAMED INVENTOR

Robert g. Whirley

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

TITLE OF INVENTION: VIRTUAL PROTOTYPING AND TESTING FOR MEDICAL DEVICE DEVELOPMENT

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the pount. If an assignce is identified below, the document has been filed for recordation as yet forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

TRIVASCULAR, INC. Santa Rosa, California

Phase check the appropriate assignee category or categories (will not be printed on the patent):

82764

P.O. BOX 52050 MINNEAPOLIS, MN 55402

APPLICATION NO

7590

GRANT ANDERSON LLP C/O PORTFOLIOIP

FILING DATE

10/04/2000

GRANT ANDERSON LLP

07/13/2010